



Reservation Form

Click "Save" when finished.

Note: all (*) are required

*School/Group Name _____

*Today's Date _____
mo/day/year

Mailing address _____

City _____ State _____ Zip _____

*Point of Contact _____

*POC # () -

*Email Address _____

IMPORTANT INFO

Date of Event _____
mo/day/year

Day M Tu W Th F
☐ ☐ ☐ ☐ ☐ ☐
 Sat Sun

Hours of Operation

Mon- Closed (Special Events)
 Tues-Fri 10:00am -4:00pm
 Sat/Sun 12:00pm-4:00pm
 Holidays/Gov. Days - Closed

Start Time _____ am ☐ pm ☐ Hour(s) _____

Number of Students _____ Adults _____

Level/Age of Group _____

Comments or Special Requirements (ADA)

OFFICE USE ONLY

Reservation completed by _____ Date _____

* Upon completion, send an electronic copy to cara.dodge@nasa.gov and make one copy for your records.



Visitors Center

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